



**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 5989-0001  
Wayne State University-Retiree Pay All Plan**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\*

**Control Plan** - Delta Dental of Michigan

**Benefit Year** - January 1 through December 31

**Covered Services** -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, and fluoride	100%	80%	80%
<b>Brush Biopsy</b> - to detect oral cancer	100%	80%	80%
<b>Bitewing Radiographs</b> - bitewing X-rays	100%	80%	80%
<b>Basic Services</b>			
<b>Space Maintainers</b> - appliances to prevent tooth movement	60%	50%	50%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	60%	50%	50%
<b>All Other Radiographs</b> - other X-rays	60%	50%	50%
<b>Minor Restorative Services</b> - fillings and crown repair	60%	50%	50%
<b>Endodontic Services</b> - root canals	60%	50%	50%
<b>Periodontic Services</b> - to treat gum disease	60%	50%	50%
<b>Oral Surgery Services</b> - extractions and dental surgery	60%	50%	50%
<b>Other Basic Services</b> - misc. services	60%	50%	50%
<b>Relines and Repairs</b> - to prosthetic appliances	60%	50%	50%
<b>Major Services</b>			
<b>Major Restorative Services</b> - crowns	40%	30%	30%
<b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants	40%	30%	30%

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per calendar year for people age 13 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are not a Covered Service.
- Crowns, onlays and substructures are payable once per tooth in any seven-year period.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Full and partial dentures are payable once in any seven-year period.
- Bridges are payable once in any seven-year period.
- Implants are payable once per tooth in any seven-year period. Implant related services are Covered Services.

- Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are Covered Services.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** - \$1,200 per person total per Benefit Year on all services.

**Deductible** - \$50 Deductible per person total per Benefit Year. The Deductible does not apply to oral exams, prophylaxes (cleanings), fluoride, brush biopsy, and bitewing X-rays.

**Waiting Period** - Not applicable.

**Eligible People** - All Retirees who are eligible for the dental benefits plan and pay the full cost to Wayne State University.

Also eligible are your legal spouse and your children to the end of the month in which they turn 26, including your children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled. Where two legally married Subscribers or Retirees are both eligible for coverage under this contract, they may be enrolled together on one application card or separately on individual application cards, but not both. Dependent children may only be enrolled on one application card. Delta Dental will not coordinate benefits for married Subscribers or Retirees who are both eligible under this contract.

A Retiree must be enrolled in order to enroll his or her dependents. If a Retiree or dependent drops coverage at any time, he or she may not re-enroll until the first open enrollment following 12 months.

If a Retiree or dependent drops coverage prior to being covered for at least one full year, he or she must remit all back premiums for the first full year prior to re-enrolling.

Benefits will cease on the last day of the month in which the employee is terminated.